

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

Billing Questions: 800-854-7642
Website: www.24-7cardaccess.com

Send Billing Inquiries To:
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
August 11, 2017 to September 8, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$60.44
- Payments	\$133.54
- Other Credits	\$0.00
+ Purchases	\$465.50
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$392.40
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,146.00
Statement Closing Date	September 8, 2017
Days in Billing Cycle	29

PAYMENT INFORMATION

New Balance:	\$392.40
Minimum Payment Due:	\$10.00
Payment Due Date:	October 4, 2017
42101-5560	\$360.50 Finance Check
Check Attached #651	30.00
Check Attached #1479	75.00
	\$465.50

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

* \$73.10 was posted to this account in error.
\$52.25 should have gone to J. Baker's Acct. #
\$20.85 should have gone to M. Chene. Acct.
Card Services to correct. Pay Purchase Amount.



SEP 25 2017

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170908 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 14818

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX
New Balance: \$392.40
Minimum Payment Due: \$10.00
Payment Due Date: October 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$


☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025



Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS 14818
BERKELEY CO SHER DEPT
PO BOX 6122 H109
MONCK'S CORNER SC 29461-6120


559494006140013900001000000392400

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
08/31	08/31	85421207L00XTN6NJ	PAYMENT - THANK YOU	\$10.00-
08/31	08/31	85421207T00Y318J4	PAYMENT - THANK YOU	\$123.54-
08/23	08/23	85504997QS66MN49P	WATERS EDGE RESTAURANT MT. PLEASANT SC	\$364.97
09/05	09/05	05410197TBJ79A90M	LONGHORN STEAK00050765 COLUMBIA SC	\$39.73
09/06	09/06	85183417SS66LMLXH	RUTHS CHRIS STEAKHOUSE COLUMBIA SC	\$60.80

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	29	\$0.00
Cash Advances	20.49% (v)	\$0.00	29	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

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SEP 25 2017

NOTICE: See reverse side of page 1 for important information

Q&A Detectives

Meeting

W/ Sheriff
Hickman

Barlow

Dinner for Narcotics Detectives
for working multiple drug cases
and arrest.

DATE 8/23/17 TIME 7:42:57PM
MID 820006421160

Water's Edge
PLEASE SIGN AND LEAVE THE MERCHANT COPY
THE CUSTOMER COPY IS YOURS TO KEEP

MASTER XXXXXXXXXXXX S
AUTH 02373C TBL 44 CHECK 1020521
PRE-AUTH DINING DINING 1

Transaction Key: KIK005672993861

AMOUNT 274.75
TAX 30.22

SUBTOTAL \$ 304.97

TIP \$ 60.00

TOTAL \$ 364.97

CUSTOMER COPY

42101-5560

check attached
#1479

304.97

+ 60.00
364.97

SEP 25 2017

1. The first part of the report is a general introduction to the subject of the study.

2. The second part of the report is a detailed description of the methods used in the study.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and a list of references.

5. The fifth part of the report is an appendix containing additional data and figures.

6. The sixth part of the report is a bibliography of the literature cited in the study.

7. The seventh part of the report is a list of the authors' addresses.

8. The eighth part of the report is a list of the authors' acknowledgments.

9. The ninth part of the report is a list of the authors' contact information.

10. The tenth part of the report is a list of the authors' affiliations.

11. The eleventh part of the report is a list of the authors' publications.

12. The twelfth part of the report is a list of the authors' awards and honors.

13. The thirteenth part of the report is a list of the authors' memberships in professional organizations.

14. The fourteenth part of the report is a list of the authors' other activities.

15. The fifteenth part of the report is a list of the authors' other interests.

16. The sixteenth part of the report is a list of the authors' other achievements.

17. The seventeenth part of the report is a list of the authors' other contributions.

18. The eighteenth part of the report is a list of the authors' other accomplishments.

19. The nineteenth part of the report is a list of the authors' other honors.

20. The twentieth part of the report is a list of the authors' other awards.

Gov. McMaster OPIOD Summit

Columbia, SC

LongHorn 5076

902-A Gervais St

Columbia, SC 29201

Check #: 52913

Table 30

Kelley

08:58 PM 09/05/2017

Gst 1

Transaction #: 142095316

ID # 0814 73118 1648

* We value your opinion. Please *
* tell us about your dining *
* experience by completing an *
* online survey within 7 days of *
* your visit. You could win a *
* \$1,000 Grand Prize or 1 of 100 *
* \$50 prizes. Winners are drawn *
* monthly!! *
* *
* To complete the survey and enter *
* the contest, go to *
* www.LongHornSurvey.com and enter *
* the ID on this receipt. *
* NO PURCHASE NECESSARY. Void where *
* prohibited. See Official Rules at *
* www.LongHornSurvey.com. *
* *
* Valoramos su opinion. Complete la *
* encuesta sobre su experiencia *
* gastronómica en *
* www.LongHornSurvey.com. *
* *****

(OFFER EXPIRES Sep 12, 2017)

Card Number

XXXXXXXXXX

Auth Code

005120

Master Card

Check Amount

32.73

Tax Not Included

7.00

Suggested tip amounts

20% - \$6.55

are provided for your

18% - \$5.89

convenience.

15% - \$4.91

Tip.....

7.00

Total....

39.73

S. Wayne Lewis

Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

Guest Copy

42101-5560

\$ 32.73

check attached
#1479

+ 7.00
\$ 39.73

SEP 25 2017

SEE check # 657
\$30.00



924 Senate Street
Columbia, SC 29201
(803)212-6666

Date: Sep06'17 07:35PM
Card Type: Mastercard
Acct #: XXXXXXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Trans Key: IIIC05722612012
Auth Code: 006200
Check: 9651
Table: 504/1
Server: 422 Night Ba

Subtotal: 52.80

Gratuity:

Total:

Signature

I agree to pay above total
according to my card issuer
agreement.

*** Guest Copy ***

Gov. McMaster Opioid Summit
Columbia, S.C. Mlw Sheriff's
DNR

4-2101-5560 * 22.80
check attached 8.00
#1479
check attached + 30.00
#657 \$ 60.80

SEP 25 2017

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

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FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
September 9, 2017 to October 10, 2017

SUMMARY OF ACCOUNT ACTIVITY


Previous Balance	\$392.40
- Payments	\$465.50
- Other Credits	\$0.00
+ Purchases	\$598.66
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$525.56

Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,474.00
Statement Closing Date	October 10, 2017
Days in Billing Cycle	32

PAYMENT INFORMATION

New Balance:	\$525.56
Minimum Payment Due:	\$13.00
Payment Due Date:	November 4, 2017

42101-5392	\$445.44	
42101-5560	+ 64.12	
	\$509.56	Finance Check
Check Attached (3) #1487	+ 16.00	
	\$525.56	


OCT 24 2017

MESSAGES

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5106 0001 JRH 001 7 5 171010 0 PAGE 1 of 2 10 1485 0000 BS1 01A85106 16116

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX
New Balance: \$525.56
Minimum Payment Due: \$13.00
Payment Due Date: November 4, 2017

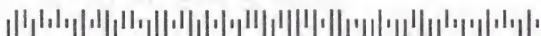
Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

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ATLANTA GA 30348-5025



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S DUANE LEWIS
BERKELEY CO SHER DEPT
PO BOX 6122
MONCK'S CORNER SC 29461-6120



559494006140013900001300000525565

S DUANE LEWIS

Account Number: XXXX XXXX XXXX

TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
09/30	09/30	85421208H00XS4H2D	PAYMENT - THANK YOU	\$465.50-
09/08	09/09	25247807W019N656T	HILTON COLUMBIA CENTER COLUMBIA SC	\$445.44 ✓
		CHECK-IN 09/05/17	FOLIO #00004998	
09/13	09/13	5548077802LXX62XT	VINNYS PIZZA GOOSE CREEK SC	\$28.47 ✓
09/21	09/21	F14850088000LM504	8/31 PAYMENT ADJUSTMENT	\$20.85
09/21	09/21	F14850088000LM504	8/31 PAYMENT ADJUSTMENT	\$52.25
09/26	09/26	85180898EWGSZY45R	ITALIAN BISTRO SUMMERVILLE SC	\$51.65 ✓

INTEREST CHARGE CALCULATION

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Purchases	14.49% (v)	\$0.00	32	\$0.00
Cash Advances	20.49% (v)	\$0.00	32	\$0.00

(v) - variable

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ENROLL WITH E-STATEMENTS-TODAY! Go-To: www.24-7cardaccess.com TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

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NAME AND ADDRESS:

LEWIS, DUANE
 223 NORTH LIVE OAK DRIVE
 MONCK'S CORNER SC 29461
 UNITED STATES OF AMERICA

Room: 615/K1
 Arrival Date: 9/5/2017 6:51:00 PM
 Departure Date: 9/7/2017 7:18:00 AM

Adult/Child: 1/0
 Room Rate: 184.00

Rate Plan: PGBB01
 HH #
 AL:
 Car:



Confirmation Number: 3372365048

9/7/2017

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
9/5/2017	SELF PARKING	MMOON	2000105	\$12.00		
9/5/2017	STATE SALES TAX	MMOON	2000105	\$0.72		
9/5/2017	LOCAL OPTION TAX	MMOON	2000105	\$0.12		
9/5/2017	TRANSPORTATION TAX	MMOON	2000105	\$0.12		
9/5/2017	GUEST ROOM	MMOON	2000106	\$184.00		
9/5/2017	TAXES	MMOON	2000106	\$25.76		
9/6/2017	SELF PARKING	MMOON	2000718	\$12.00		
9/6/2017	STATE SALES TAX	MMOON	2000718	\$0.72		
9/6/2017	LOCAL OPTION TAX	MMOON	2000718	\$0.12		
9/6/2017	TRANSPORTATION TAX	MMOON	2000718	\$0.12		
9/6/2017	GUEST ROOM	MMOON	2000719	\$184.00		
9/6/2017	TAXES	MMOON	2000719	\$25.76		
9/7/2017	MC	IKING128	2000871		(\$445.44)	
	BALANCE					\$0.00

Gov. McMaster @ P1010 Summit
 Columbia, SC

4210-5392

197

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.
 499895 A

CARD MEMBER NAME

AUTHORIZATION

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT ADDRESSES TO TRANSMIT TO CARDHOLDER FOR PAYMENT

"IF YOU ARE NOT COMPLETELY SATISFIED WITH YOUR STAY, LET US KNOW AND WE'LL MAKE IT RIGHT." -HILTON'S MAKE IT RIGHT PROMISE

PURCHASES & SERVICES

TAXES

TIPS & MISC

TOTAL AMOUNT

-445.44

CARD MEMBER'S SIGNATURE

PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND



VINNYS PIZZA

214 SAINT JAMES AVE, Suite 100
GOOSE CREEK, SC 29445
8438182312

ORDER: F017676

DINE IN

Cashier: Bonnie Z
12-Sep-2017 12:03:41P

Transaction 005300

1 2 SLICE LUNCH SPECIAL \$5.99
Sausage \$0.75

1 STROMBOLI \$7.99
1 SPECIALTY SLICE \$3.99
2 FOUNTAIN DRINK \$3.98

Subtotal \$22.70
Military Discount (\$2.27)
Tax \$2.04

Total \$22.47

CREDIT CARD AUTH \$22.47
MASTERCARD

Tip 6.00

Total \$28.47

Retain this copy for statement validation

Station: FRONT COUNTER

12-Sep-2017 12:05:05P

\$22.47 | Method: EMV

MASTERCARD XXXXXXXXXXXX0139

Ref #: 725500575400 | Auth #: 01213C

MID: *****7995

AID: A0000000041010

AthNtwkNm: MASTERCARD

SIGNATURE VERIFIED

Order FNN7TS9J9TJHT

LUNCH: Meeting
Chief Dennis Turner
CITY MANAGER
JOHNNY CRIBB

CITY of HANNAH

42101-5560 \$22.47
Check Attached + 6.00
\$28.47

Lunch for Bike Patrol
+ Depurres working
in Sangre.

Italian Bistro
1625 N Main St Suite 105
Summerville, SC 29483
(843) 832-6001

09/26/2017 12:44:01
Merchant ID:8651
Device ID: 062
Terminal ID: PPX11

Credit Sale:

Transaction #: 4
Card Type: MasterCard
Account:
Entry: Chip
Server #: 1

Amount: \$41.65

TIP: \$ 10.00

Total: \$ 51.65

STAN: 004
Auth. Code: 02624
Response: AUTH/TX
TRANS ID: M01CLHRA0926

Mode: Issuer
ATD: 00000000041010
TVR: 0000000000
TAD: 01100000012200000007000000000000
00FF

TSI: E000
ARC: 00

CUSTOMER COPY

See
Back

Thank you!

42101-5560 41.65
Check Attached + 10.00
= 51.65

S DUANE LEWIS
Account Number: XXXX XXXX XXXX (

Billing Questions:
800-854-7642

Website:
www.24-7cardaccess.com

Send Billing Inquiries To:
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
October 11, 2017 to November 9, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$525.56
- Payments	\$525.56
- Other Credits	\$0.00
+ Purchases	\$125.13
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$125.13
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,874.00
Statement Closing Date	November 9, 2017
Days in Billing Cycle	30

PAYMENT INFORMATION

New Balance:	\$125.13
Minimum Payment Due:	\$10.00
Payment Due Date:	December 4, 2017

42101-5560 \$120.13 Finance Check
Check Attached 5.00
#1495 \$125.13

MESSAGES

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NOV 27 2017

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5106 0001 JRM 001 7 5 171109 0 PAGE 1 of 2 10 1485 0000 BSI 01AB5106 16424

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX (

New Balance:	\$125.13
Minimum Payment Due:	\$10.00
Payment Due Date:	December 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
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S DUANE LEWIS 16424
BERKELEY CO SHER DEPT
PO BOX 6122 H111
MONCK'S CORNER SC 29461-6120

559494006140013900001000000125131

S DUANE LEWIS
Account Number: XXXX XXXX XXXX I

TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
10/28	10/28	85421209F00XTV579	PAYMENT - THANK YOU	\$16.00-
10/28	10/28	85421209J00Y30LX1	PAYMENT - THANK YOU	\$445.44-
10/28	10/28	85421209J00Y30LZ2	PAYMENT - THANK YOU	\$64.12-
10/13	10/13	55500808Y60T2JMS6	THE BARONY HOUSE MONCKS CORNER SC	\$48.29 ✓
10/31	10/31	55500809G60T2JMNH	THE BARONY HOUSE MONCKS CORNER SC	\$76.84 ✓

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NOV 27 2017

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Meeting With:
Superintendent BC schools
Eddie Ingram
Principal Shameka
Washington
Attorney Josh Whitler

THE BARONY HOUSE
401 ALTMAN STREET
MONCK'S CORNER, SC 29461
10 13 2017 13:37:50

CREDIT CARD

MC SALE

Card #: XXXXXXXXXXXX
Network: MASTERCARD
Chip Card: MASTERCARD
AID: A0000000041010
ATC: 0008
TC: 468F19112D02E45A
SEQ #: 3
Batch #: 28
INVOICE 3
SERVER 000
Approval Code: 01359C
Entry Method: Chip Read
Mode: Issuer

PRE-TIP AMT \$43.29
TIP 5.00
TOTAL AMOUNT \$48.29

CUSTOMER COPY

See Back

42101-5560 * 43.29
check attached + 5.00
* 48.29

NOV 27 2017

THE BARONY HOUSE
401 ALTMAN STREET
MONCKS CORNER, SC 29461

10/31/2017

12:40:10

CREDIT CARD

MC SALE

Card #: XXXXXXXXXXXX
Network: MASTERCARD
Chip Card: MASTERCARD
AID: A0000000041010
ATC: 0009
TC: 69E9B7097F5CBA00
SEQ #: 20
Batch #: 30
INVOICE 20
SERVER 000
Approval Code: 03150G
Entry Method: Chip Read
Mode: Issuer

PRE-TIP AMT \$76.84

TIP

TOTAL AMOUNT \$76.84

CUSTOMER COPY

SEE BACK

Lunch Meeting
w/ Chief Newsome
MAJ. BAUER, MAJ. GRABHAM
TOMMY BLACKWOOD
NICK AVELLY

42101-5560 #76.84

NOV 27 2017



S DUANE LEWIS
Account Number: XXXX XXXX XXXX I

Billing Questions:
800-854-7642

Website:
www.24-7cardaccess.com

Send Billing Inquiries To:
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
December 11, 2017 to January 10, 2018

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$0.00
- Payments	\$0.00
- Other Credits	\$0.00
+ Purchases	\$23.20
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$23.20

Account Number XXXX XXXX XXXX 0139
Credit Limit \$4,000.00
Available Credit \$3,976.00
Statement Closing Date January 10, 2018
Days in Billing Cycle 31

PAYMENT INFORMATION

New Balance: \$23.20
Minimum Payment Due: \$10.00
Payment Due Date: February 4, 2018

Check attached (2)
1517

\$23.20

[Signature] JAN 25 2018

MESSAGES

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TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
01/04	01/04	5531020QL61KHJMJZ	WAFFLE HOUSE 2041 GOOSE CREEK SC	\$23.20

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 180110 0

PAGE 1 of 2

10 1485 0000

BS1 01AB5106

14071

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX C
New Balance: \$23.20
Minimum Payment Due: \$10.00
Payment Due Date: February 4, 2018

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

23.20

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS
BERKELEY CO SHER DEPT
PO BOX 6122
MONCK'S CORNER SC 29461-6120

14071
H101



559494006140013900001000000023203



S DUANE LEWIS
Account Number: XXXX XXXX XXXX

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

Are you making your payment through an online Bill Pay service? Look for the Payee "Card Assets" for faster delivery of your payment

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642
to speak to a live representative (24 hours/7 days)

ENROLL WITH E-STATEMENTS TODAY! Go To: www.24-7cardaccess.com TO ENROLL WITH E-STATEMENTS. SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER. INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL. AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

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INTER OFFICE MEMORANDUM

DATE: January 24, 2018
TO: Melanie Cheers, Chief Administrator
FROM: Sheriff S. Duane Lewis
REF: Receipt for Waffle House \$23.20 on 1/4/2018

A handwritten signature in blue ink, appearing to be "S. Duane Lewis", is written next to the reference line.

On January 4, 2018, I made a purchase at the Waffle House. The receipt for \$23.20 was misplaced and will be turned in immediately if found.

A handwritten signature in blue ink, appearing to be "Melanie Cheers", is written in the bottom right corner of the page.



S DUANE LEWIS

Account Number: XXXX XXXX XXXX

Billing Questions:

800-854-7642

Website:

www.24-7cardaccess.com

Send Billing Inquiries To:

P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
January 11, 2018 to February 7, 2018

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$23.20
- Payments	\$23.20
- Other Credits	\$0.00
+ Purchases	\$285.00
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$285.00

Account Number XXXX XXXX XXXX 0139
Credit Limit \$4,000.00
Available Credit \$3,715.00
Statement Closing Date February 7, 2018
Days in Billing Cycle 28

PAYMENT INFORMATION

New Balance: \$285.00
Minimum Payment Due: \$10.00
Payment Due Date: March 4, 2018

42101-5392

*285.00 Finance Check

FEB 22 2018

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
02/01	02/01	8542120DG00XTWAQN	PAYMENT - THANK YOU	\$23.20-
01/27	01/27	5543286DQ5V3H4EYP	EMBASSY SUITES COLUMBI COLUMBIA SC	\$285.00
		CHECK-IN 01/24/18	FOLIO #009071	

42101-5392

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 180207 0

PAGE 1 of 2

10 1485 0000 BSI 01AB5106

11940

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX

New Balance: \$285.00

Minimum Payment Due: \$10.00

Payment Due Date: March 4, 2018

Please complete and enclose the bottom portion for proper credit.

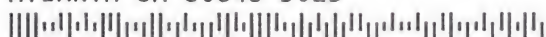
Amount Enclosed: \$



Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025



Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS 11940
BERKELEY CO SHER DEPT
PO BOX 6122 M202
MONCK'S CORNER SC 29461-6120



559494006140013900001000000285000



S DUANE LEWIS

Account Number: XXXX XXXX XXXX

ANNUAL FEE TO BE BILLED NEXT STATEMENT: \$10.00
ANNUAL PERCENTAGE RATE: SEE BELOW GRACE PERIOD: 25 DAYS
MINIMUM FINANCE CHARGE: NONE TRANSACTION FEE: NONE
INTEREST IS CHARGED ON THE AVERAGE DAILY BALANCE (INCLUDING
NEW PURCHASES). IF YOU WISH TO CANCEL YOUR ACCOUNT TO AVOID
PAYING THE ANNUAL FEE, WRITE US WITHIN 30 DAYS OF THE ANNUAL
FEE POSTING. IF YOU NOTIFY US THAT YOU WISH TO CANCEL YOUR
ACCOUNT, YOU MAY USE YOUR CARDS DURING THE 30 DAY PERIOD
WITHOUT PAYING THE ANNUAL FEE, BUT AFTER THAT 30 DAYS YOU
MUST RETURN THE CARDS TO US. YOU MAY THEN PAY YOUR BALANCE
IN MINIMUM MONTHLY PAYMENTS.

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	28	\$0.00
Cash Advances	20.49% (v)	\$0.00	28	\$0.00

(v) - variable

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PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at 1-800-854-7642
to speak to a live representative (24 hours/7 days)

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Name & Address

Lewis, Duane

Suite 105/TDBN
Arrival Date 1/24/2018 3:53:00 PM
Departure Date 1/26/2018

Adult/Child 1/0
Suite Rate 125.00

Rate Plan: SHR
HH #
AL:
Car:

Folio

Confirmation Number: 81115144

1/26/2018

H HONORS
HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
1/24/2018	3739961	GUEST ROOM	\$125.00
1/24/2018	3739961	STATE TAX	\$8.75
1/24/2018	3739961	CITY TAX	\$6.25
1/24/2018	3739961	DESTINATION MARKETING FEE	\$2.50
1/25/2018	3740515	GUEST ROOM	\$125.00
1/25/2018	3740515	STATE TAX	\$8.75
1/25/2018	3740515	CITY TAX	\$6.25
1/25/2018	3740515	DESTINATION MARKETING FEE	\$2.50
1/26/2018	3740809	MC *	(\$285.00)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		1/24/2018 1/25/2018 STAY TOTAL	
		ROOM AND TAX \$142.50 \$142.50 \$285.00	
		DAILY TOTAL \$142.50 \$142.50 \$285.00	
<p>ACCOUNT NO. MC *</p> <p>CARD MEMBER NAME Lewis, Duane</p> <p>ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT</p> <p>CARD MEMBER'S SIGNATURE X</p>			

DATE OF CHARGE	FOLIO NO./CHECK NO.
1/26/2018	907124 A
AUTHORIZATION 02456G	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-285.00

*SC Sheriff's Assoc.
Winter Conference*

W
WALDORF
ASTORIA
ORANGE

CONRAD
HOTELS & RESORTS

Hilton
HOTELS & RESORTS

DOUBLEDAY
HOTELS

EMBASSY
SUITES

HILTON
Garden Inn

Hampton

HOMECOMING
SUITES

HOME2
BY HILTON

Hilton
Grand Vacations



S DUANE LEWIS

Account Number: XXXX XXXX XXXX

Billing Questions:

800-854-7642

Website:

www.24-7cardaccess.com

Send Billing Inquiries To:

PO Box 2988, Omaha, NE 68103-2988

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
March 10, 2018 to April 9, 2018

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$0.00
- Payments	\$0.00
- Other Credits	\$0.00
+ Purchases	\$39.65
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$39.65

Account Number XXXX XXXX XXXX 0139
Credit Limit \$4,000.00
Available Credit \$3,960.00
Statement Closing Date April 9, 2018
Days in Billing Cycle 31

PAYMENT INFORMATION

New Balance: \$39.65
Minimum Payment Due: \$10.00
Payment Due Date: May 4, 2018

42101-5560 \$34.65 Finance Check
Check Attached (D) + 5.00
(#1546) \$39.65

072318
4-23-18

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
03/15	03/15	7533700EVDY0ATRV7	FORMOSA RESTAURANT LADSON SC	\$39.65 ✓

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 180409 0

PAGE 1 of 2

10 1485 0000 BSI 01AB5106

11825

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX 0139
New Balance: \$39.65
Minimum Payment Due: \$10.00
Payment Due Date: May 4, 2018

Please complete and enclose the bottom portion for proper credit.

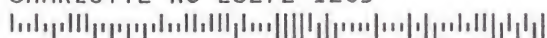
Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

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Make Check Payable to:

CARD SERVICES CENTER
PO BOX 71205
CHARLOTTE NC 28272-1205



S DUANE LEWIS 11825
BERKELEY CO SHER DEPT
PO BOX 6122 H202
MONCK'S CORNER SC 29461-6120



559494006140013900001000000039654



S DUANE LEWIS

Account Number: XXXX XXXX XXXX

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CHARLOTTE, NC 28272-1205

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FUKMUSA RESTAURANT
650 COLLEGE PK RD UNIT
LADSON, SC 29456
843-569-3399

Meeting with
Chief Newsome
Chief Cummings

TERMINAL ID.:

27020131912502

MASTERCARD

XXXXXXXXXX

EXP: **/**

SWIPEO

SALE

BATCH: 001071

INU: 000003

Mar 15, 18

18:45

RRN: 10710003

AUTH: 015412

TRN REF: KCBC4FC100315

APPROVED

SALE AMT

\$34.62

TIP

\$ 5.00

TOTAL

\$ 39.65

S DORNE LEWIS

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

See Back